PAGE 1 / 9

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For (Other Than An	Authorized	d Commit	tee		Office Us	se Only	
NAME OF COMMITTEE (in f		E OR PRINT ▼		mple: If typr r the lines.	ing, type	12FE	4M5		
OCEAN STATE	POLITICA	AL ACTION C	OMMITTE	EE (OSP	AC)				
ADDRESS (number and	street)	6 Hilton Road							
Check if differ than previous reported. (AC	ly . w	/arwick				RI	02889	9-2930	
2. FEC IDENTIFICA	TION NUMBI	ER ▼	CITY ▲			STATE A		ZIP COD	E 🛦
C C00397067			3. IS THIS REPORT	×	NEW (N) OR		AMENDED (A)		
4. TYPE OF REPO (Choose One) (a) Quarterly Repo	- (.	Nonthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	ĕ	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly October 1	Report (Q3)	(c) 12-Day PRE-Electio Report for t		Primary (12 Convention		=	eral (12G) sial (12S)	in the	Runoff (12R)
Year-End July 31 M	Report (YE) lid-Year lon-election () (MY)	(d) 30-Day POST-Elect Report for t		General (30	OG)	Runo	off (30R)	State of	Special (30S)
5. Covering Period	M M / / 04	DD / YTY	Election on	through	M M M 06	30	/ Y Y 20	State of	
I certify that I have exa	M	eport and to the be cGovern, Thomas, F		wledge and	belief it is to	rue, correct	and comple	te.	
Signature of Treasurer	McGovern,	Thomas, P., Mr.,		[Electronica	lly Filed])7 / D		2017
NOTE: Submission of fa	lse, erroneous,	or incomplete infor	mation may su	ubject the pe	erson signing	this Report	to the penalti	es of 52 l	J.S.C. § 30109
Office Use								FORM Rev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

OCEAN STATE POLITICAL ACTION COMMITTEE (OSPAC)

04 01 2017 06 30 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 19108.85 January 1, 2017 (b) Cash on Hand at 8108.85 Beginning of Reporting Period..... 12500.00 12500.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 31608.85 20608.85 6(a) and 6(c) for Column B)..... 15000.00 26000.00 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 5608.85 5608.85 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

OCEAN STATE POLITICAL ACTION COMMITTEE (OSPAC)

01 2017 06 30 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 10000.00 10000.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 10000.00 10000.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 2500.00 2500.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 12500.00 12500.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 12500.00 12500.00 20. Total Federal Receipts 12500.00 12500.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 		Salvinaa Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non Fodoval Chara	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	15000.00	26000.00
Independent Expenditures	0.00	
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	4 4 4	
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6))))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Dishumannanta (add Lives 24/2) CC	4 4	4 4
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15000.00	26000.00
Total Federal Disbursements	10000.00	
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	15000.00	26000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	12500.00	12500.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	12500.00	12500.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	=	6	OF	9
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16	. [17

Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OCEAN STATE POLITICAL AC	CTION COMMITTEE (OSPAC)	
Full Name of Individual (Last, First, Middle In Townsend, Alison, K., Mrs., Mailing Address 63 Alfred Drowne Road City Barrington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Homemaker Receipt For: Primary General Other (specify)	State Zip Code RI Occupation (for Individual) Homemaker Aggregate Year-to-Date 5000.00	Date of Receipt O4 O6 2017 Transaction ID: SA11AI.4661 Amount of Each Receipt this Period 5000.00 Memo Item
Full Name of Individual (Last, First, Middle In Townsend, Charles, C., Mr., III Mailing Address 63 Alfred Drowne Road City Barrington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Aloha Partners Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle In Individual)	State Zip Code 02806 C Occupation (for Individual) Executive Aggregate Year-to-Date 5000.00	Date of Receipt M
Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State Zip Code C Occupation (for Individual) Aggregate Year-to-Date	Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (optional)		10000.00
TOTAL This Period (last page this line number	only)	10000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

		FOR LINE NUMBER: PAGE 7 OF								9		
Use separate schedule(s) for each category of the	(0	(check only one)										
Detailed Summary Page			11a		11b	×	11c		12			
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_				13 14 15 16 17					
	ly information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full)								
$ \rangle$	OCEAN STATE POLITICAL AC	TION CON	MMITTEE (OSPAC)						
<u>/</u>	Full Name of Individual (Last, First, Middle Initi	al) or Full Orga	anization Name						
A.	NATIONAL EMERGENCY MEDICINE PO	Date of Receipt							
	Mailing Address 1125 EXECUTIVE CIRCLE			M M / D D / Y Y Y Y Y					
	City	State	Zip Code	06 19 2017 Transaction ID : SA11C.4664					
	IRVING	TX	75038	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C C0014	40061	2500.00					
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item					
	Receipt For:	Aggregate Ye	ear-to-Date ▼						
	Primary General Other (specify) ▼	2500.00							
	Carlot (openity) V	7	45 46						
	Full Name of Individual (Last, First, Middle Initi	al) or Full Orga	anization Name						
В.		Date of Receipt							
	Mailing Address		M = M / D = D / Y = Y = Y						
	City	State	Zip Code						
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	federal political committee.								
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item					
	Receipt For:								
	Primary General	Aggregate Ye	ear-to-Date ▼						
	Other (specify) ▼								
		,	,						
C.	Full Name of Individual (Last, First, Middle Initi	Date of Receipt							
٥.	Mailing Address	M M / D D / Y Y Y Y							
	City	State	Zip Code	Assessment of Feeds Descript this Posited					
	FEC ID number of contributing	C		Amount of Each Receipt this Period					
	federal political committee.								
	Name of Employer (for Individual)	Memo Item							
	Name of Employer (for individual)								
	Receipt For:								
	Primary General Other (specify)								
	Outer (specify)		45 45						
Г									
s	UBTOTAL of Receipts This Page (optional)		>	2500.00					
Ţ	OTAL This Period (last page this line number of	anly)		2500.00					
Ι'	VIAL THIS I CHOW (last page this line hulliber of	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	······						

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EDULE B (FEC Form 3X)	se separate schedule(s)	FOR LINE NUMBER: PAGE 8 OF					
IIZED DISBURSEMENTS for	r each category of the etailed Summary Page	(check only one) 21b 22 X 28a 28b	23 26 27 28c 29 30b				
formation copied from such Reports and Statements commercial purposes, other than using the name an							
ME OF COMMITTEE (In Full) CEAN STATE POLITICAL ACTION (COMMITTEE (OS	SPAC)					
Name (Last, First, Middle Initial) EMOCRATIC CONGRESSIONAL CA	AMPAIGN COMM	Date of D	isbursement				
iling Address 430 SOUTH CAPITOL STREET, SE 2ND FLOOR		04	21 2017				
State DC pose of Disbursement			ification Number				
ndidate Name	I	Category/ Amount of	action ID : SB23.4665 f Each Disbursement this Period				
ce Sought: House Disbursement Senate Prima President Othe		Type Memo	5000.00 ltem				
I Name (Last, First, Middle Initial) EMOCRATIC CONGRESSIONAL Consideration of the control of th	AMPAIGN COMN	Date of D	isbursement / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
2ND FLOOR / State ASHINGTON DC	Zip Code 20003	FEC Ident	ification Number				
pose of Disbursement			action ID: SB23.4666 f Each Disbursement this Period				
ce Sought: House Disbursement Senate President Othe		Memo	5000.00 ltem				
Name (Last, First, Middle Initial) EMOCRATIC CONGRESSIONAL CA	AMPAIGN COMM	Date of D	isbursement				
iling Address 430 SOUTH CAPITOL STREET, SE 2ND FLOOR		06	12 2017				
State DC pose of Disbursement	'		ification Number				
ndidate Name		Trans	saction ID : SB23.4667 f Each Disbursement this Period				
		Memo	5000.00 ltem				
State SHINGTON pose of Disbursement Indidate Name Ice Sought: House Senate Disbursement Prima	For: 2018 hary General er (specify)	Category/ Type Category/ Type Memo	saction ID : SB23.4 f Each Disbursemen				

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SCHEDULE B (FEC Form 3X)	Han agreement of the Co	FOR LINE	R LINE NUMBER: PAGE 9 OF 9				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only					
	Detailed Summary Page	210 28a	28b 28c 29 30b				
Any information copied from such Reports and State							
or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full)	ooo.u						
$ \hspace{.05cm} \rangle$ OCEAN STATE POLITICAL ACTI	ON COMMITTEE (C	OSPAC)					
Full Name (Last, First, Middle Initial)							
A. JOE GARCIA FOR CONGRESS			Date of Disbursement				
Mailing Address DO DOV 220974			06 15 2017				
Mailing Address PO BOX 330871			13 2017				
,	State Zip Code		FEC Identification Number				
MIAMI Purpose of Disbursement	FL 33233		C 000504704				
Check #1364 from 11/1/2016 was never deposited			C C00521781				
Candidate Name		Category/	Transaction ID : SB23.4673 Amount of Each Disbursement this Period				
		Type					
Office Sought: House Disburse Senate	ment For: 2016 Primary		- 1000.00				
President	Primary ★ General Other (specify) ▼		Name Here				
State: FL District: 26	() , ,		Memo Item				
Full Name (Last, First, Middle Initial)							
B. JON OSSOFF FOR CONGRESS			Date of Disbursement				
Mailing Address PO BOX 450326	ailing Address PO BOX 450326						
			06 12 2017				
,	State Zip Code		FEC Identification Number				
ATLANTA Purpose of Disbursement	GA 31145		C C00630426				
·	urpose of Dispursement						
Candidate Name		Category/	Transaction ID: SB23.4668 Amount of Each Disbursement this Period				
Office Sought: Y House Disburse	ment For: 2017	Туре	1000.00				
Senate	Primary General		1000.00				
President x	Otto - :: (-: : f -)		Memo Item				
State: GA District: 06	Special-Gener	ral	L				
Full Name (Last, First, Middle Initial) C.			Date of Disbursement				
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Candidate Name		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ment For:	.,,,,,					
Senate	Primary General						
State: District:	Other (specify) ▼		Memo Item				
State: District:							
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